Substitute for Form PTO-875 CLAIMS AS FILED - PART I						- UNCOUND			lays a valid OMB control of Dockel Number 825, 736	
,	·	(Colum	in 1)	(Column 2)					-	
FOR		NUMBER FILED		(Solumn 2)		SMALL ENTITY		OR	OTH	ER TH
8ASIC FEE (37, CFR 1.16(a		HOWBER	FILEO	NUMBER EXTRA		0.77	T		SMAL	T ENI
TOTAL CLAIMS	11					RATE	FEE		PATE	
(37 CFR 1.16(c	n . I			·	$ \perp$ \perp	_ · · · .	5		RATE	+-
INDEPENDENT	CLAULE	m	inus 20 =	•		25	1	OR OR	<u> </u>	s
(37 CFR 1.16(b))		minus 1 =				(<u>s </u>		OR	x s 50.	1
MULTIPLE DEP	ENDENT				_	s 100				
				1.16(d))		100	 	OR	x s 200	1
· II the difference	e in column 1	in to a su	-		[_+	s.180	1	OR	+ 360	-
* II the differenc		is less (yan se	ro. en(er "0"	in column 2.		TOTAL		- J - OK	+ 82.00	L.
	· CLAIMS ,	AS AMENIC)CD ~ .			TOTAL		OR	TOTAL	
		AS AMENC	CO - PA	RT (I		•			·OIAC	L
	(Colum	an 11								
< 4 1	CLA			ilumn 2). (Column	3)	SMALL E	kinture .	OR .	OT4.5=	
1 ~ 1 ~ 1	REMAI	MING	HIG	HEST MBER PRESEN		21. VCC 61	AIIIA	, OH	OTHER SMALL E	AAHT
Z a a	AMENO	ER .	PREV	IOUSLY EXTRA	[†]	RATE	ADDI-	1 .1	· T	-14111
Total (31 CFR 1.16(c) (31 OFR 1.18(c) (31 OFR 1.18(c)			PAIC	FOR		- 1	TIONAL	-	RATE	AD
(31 CFR 1.16/c	30		3	0 = /	1	25	FEE	1 1	1	TION
(3) OFR 1.16(b)	1 2	Mine	40 444		X S.	25		1 00 1	x s 50 =	FE
5 500=	l		3	<u> </u>	x <	100.				
- FIRST PRESE	HTATION OF M	ULTIPLE DEPE	NDENT CLAIR	d (37 CFR 1.16(d))	7 -		·	OR :	x s 20Q	
				(0. 0.1(1.10(0))	_	<u> </u>		OR .	210	
		-			TOT.			·	SOU	
1	(Column	1)	. (0-1)		. 400	T FEE		OR A	OTAL OO'L FEE	
· .	CLAIM	s	HIGH	mn 2) (Column 3)	٦					
1.	REMAINI		NUME	BER PRESENT	11.					
Total	AMENDME	NT	PREVIO PAID F	USLY EXTRA	"		ADDI-		RATE	
(37 CFR 1.16(cl)	1	Minus	1	=			FEE		i	ADDI: TIONAL
Independent (37 CFR 1.16(6))		Minus	 		$ _{\times s} 2$	5. [<u> </u>		FEE
		1	1	=				OR X	<u>550</u>	
FIRST PRESEN	TATION OF MUL	TIPLE DEPEN)C457 = 1	(37 CFR 1.16(d))	× s 10	$\underline{\nu}_{-}$		OR X	200	
		JEFEN	JENT CLAIM	(37 CFR 1.16(d))	+ 18	10 ₌ 1				
			,		TOTAL				360	
•	(Col ··				ADO'L	FEE	. 1	OR AD	TAL	
	(Column 1) CLAIMS		(Colum		•			-·· AU	O'L FEE	
i	REMAINING	G	HIGHE:	ST .			· ,			
· ·	AFTER AMENOMEN	1	NUMBE PREVIOU	SIY FYTOA	RAT	E A	201-			
Total	- MICHUMEN		PAID FO	DR .	1	TIC	DNAL	6		100
(37 DFR 1.16(c)) Indépendent		Minus	"	=	x s 25	3-1-5	EE			ONAL FEE :
(37 OFR 1,16(b))		Minus	444 .		x s Z	=	- 1 .	OR KS	20 T	
FIGURE OF T				1 1	x 5 10	a l				
FIRST PRESENT	LTION OF MULT	IPLE DEPENDE	INT CLAIM O	37 CFR 1 16/40		=		OR X S	200	, ·
				2.11 1.10(0)1	+ 5 180	<u>リ</u>		OR +	360	
If the entry in	lum - t : .				JATOT					
If the Highest N	umber Previou	than the entry	in column 2	, write "0" in column 3. CE is less than 20, en	ADO'L FI	tt [ATOT CODA RO	L FEE	
				CE is less than 20, en CE is less than 3, enle CE is less than 3, enle rendent) is the highest	ter *20*				L	<u>:</u>

The "Highest Number Previously Paid For (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete including gathering, preparing, and submitting the completed application, form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450. justy Paid For (Total or Independent) is the highest number found in the appropriate box in column 1.